



Missouri Ethics Commission  
 Office Use:  
 MAR 04 2019

# Statement of Committee Organization

## 1. Statement Information

Date: 2/27/19  
 Type:  New  Amended (if amending, enter MEC ID A171402 & section changed 3+6)

## 2. Committee Information

Name of Committee \_\_\_\_\_  
 Committee Mailing Address, City, State, & Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Official Committee Email Address \_\_\_\_\_ County Clerk or Board of Election Commissioners \_\_\_\_\_  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) Michael L. Wood  
 Treasurer's Mailing Address, City, State, & Zip 1246 Elm Tree Commons Ct. Moscow Mills, MO 63362  
 Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_  
 Treasurer's Email Address (optional) \_\_\_\_\_  
 Treasurer's Home Telephone Number (636) 234 4308 Treasurer's Work Telephone Number \_\_\_\_\_  
 Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
 Dep. Treasurer's Home Telephone Number \_\_\_\_\_ Dep. Treasurer's Work Telephone Number \_\_\_\_\_

## 4. Additional Committee Information

Additional Committee Officer's Name (if any) AMENDMENT  
 Connected Organization's Name (if any) \_\_\_\_\_  
 Additional Committee Officer's Mailing Address, City, State, & Zip \_\_\_\_\_  
 Connected Organization's Mailing Address, City, State, & Zip \_\_\_\_\_

CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No

## 5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution \_\_\_\_\_ Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate Mike Wood 1246 Elm Tree Commons Ct. Moscow Mills MO 63362  
 Election Date 4/7/22 Office Sought & Political Subdivision Prosecuting Attorney Telephone Number (Candidate Committees Only) (636) 234 4308 Political Party Republican Support or Oppose \_\_\_\_\_

## 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure \_\_\_\_\_ Election Date & Political Subdivision \_\_\_\_\_ Support or Oppose \_\_\_\_\_

## 8. Signature(s) - Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.  
 Committee Treasurer [Signature] Candidate (Candidate Committees Only) [Signature]